

Town of Leesburg



Police Department

Applicant Personal History Statement

*Accredited by the Virginia Law Enforcement
Professional Standards Commission*



Personal History Statement

Leesburg Police Department

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Personal History Statement

INSTRUCTION TO THE APPLICANT

This form must be PRINTED IN INK by the applicant and each question answered accurately. If a question does not apply to you, write "N/A" (Not Applicable) as your response to that question. Incomplete and/or inaccurate answers will substantially extend the time required to process your application. If the personal history statement is incomplete at the time of your personal interview, the form will be returned to you and the interview will be postponed until the application is in compliance with the instructions provided herein.

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position for which you have applied. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. the completion of this form is mandatory in order for you to receive consideration for appointment;
2. all statements are subject to verification;
3. deliberate inaccuracies or incomplete statements may be cause for rejection; and
4. all time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor contained in the information provided by you will be evaluated in terms of the circumstances and facts surrounding it and its degree of relevance to the job. On the other hand, you may be disqualified if you intentionally make a false statement of material fact or intentionally omit a material fact or if you practice or attempt to practice any form of deception or fraud in this statement.

If additional space is required for an answer to any question, continuation sheets are provided in the Remarks Section (Part XIV) at the end of the form. Be sure to identity each entry on the continuation sheet(s) with the appropriate section and question number.

Personal History Statement

PART I

PAPERS/DOCUMENTS THAT ARE REQUIRED

All applicants will be required to bring the following applicable documents with them at the time of their personal interview.

1. BIRTH CERTIFICATE
2. HIGH SCHOOL DIPLOMA OR GED (GED must be accompanied by the test scores)
3. DD-214(s) FOR EACH PERIOD OF MILITARY SERVICE
4. NATURALIZATION CERTIFICATE (The original certificate must be presented to the interviewer. Reproduced {Photostat} copies will not be accepted.)
5. COURT ORDERS (as appropriate) SUCH AS:
 - a. Divorce(s)
 - b. Legal Separation(s)
 - c. Name Change(s)
 - d. Adoption(s)
 - e. Bankruptcy(ies)
6. ALL OTHER LEGAL DOCUMENTS WHICH PERTAIN TO YOUR PRESENT AND/OR PREVIOUS MARRIAGE(s) (Such as marriage licenses, etc.)
7. COLLEGE DIPLOMAS

Do not send original documents. They will not be returned.

Personal History Statement

PART II

Personal Data

1. Your Printed Name (Last, First, Middle)				2. Date of Birth Month Day Year	
3. Aliases, Maiden Names, and Nicknames (Specify Which)				4. Place of Birth City County State or Foreign Country	
5. Height	Weight	Hair Color	Eye Color	Scars, Tattoos or Identifying Marks/Features	
6. Social Security Number 					
Citizenship					
a. <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien		b. <input type="checkbox"/> By Birth (Enter N/A in Items c-j) <input type="checkbox"/> Naturalization (Complete Items c-j)		c. Alien Registration Number	
d. Date, Place and Court			e. Certification No.		f. Petition Number
g. Complete this Section if Your U.S. Citizenship was Derived from Your Parent's (s') Naturalization		Name of Parent		Certificate No.	Check One <input type="checkbox"/> Mother <input type="checkbox"/> Father
h. Native Country		i. Date, Place & Port of Entry Into U.S.			j. Sponsor
8. Present Address House Number and Street _____ City/State/Zip Code _____			9. Legal Residence House Number and Street _____ City/State/Zip Code _____		
10. Telephone Number Number → _____ Hours during which you can be reached _____			11. Work Telephone Number _____ Hours during which you can be reached → _____		
Marital Status					
Check one. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			Do you have any objections to our contacting your spouse or former spouse(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage Date (<i>List present and all former marriages.</i>)					
Date of Marriage			Location of Marriage (<i>City and State</i>)		
14. Full Name of Spouse (<i>if currently married</i>):					
Last Name		First Name		Middle	Maiden

Personal History Statement

PART II

Personal Data (con't)

15. Spouse is Employed By: <i>Company Name/Address/City State</i>				Work Telephone No.	
16. Have you Ever Been (Check applicable blocks) <input type="checkbox"/> Widowed <input type="checkbox"/> Seperated <input type="checkbox"/> Divorced	17. Date of present Legal Separation (If presently separated.)	Month	Day	Year	
	18. Date of Final Divorce Decree is Expected				
	19. Date of Final Divorce Decree (If presently divorced.)				
20. Listed Below the Name and Address(es) of Your Current Spouse (if presently married) and any Former Spouses.					
Name		Address		Telephone No.	
21. List Below the Name(s) of Each of your Children.					
Name of Child	Date of Birth	Place of Birth	Address Where Child Resides		
1.					
2.					
3.					
4.					
5.					
For Each Child Listed Above, Enter the Name and Address of the Other Parent/Guardian (if other than your current spouse).					
<i>Individual Named is</i>		<i>Name</i>	<i>Address</i>		
1. <input type="checkbox"/> Other Parent <input type="checkbox"/> Guardian					
2. <input type="checkbox"/> Other Parent <input type="checkbox"/> Guardian					
3. <input type="checkbox"/> Other Parent <input type="checkbox"/> Guardian					
4. <input type="checkbox"/> Other Parent <input type="checkbox"/> Guardian					
5. <input type="checkbox"/> Other Parent <input type="checkbox"/> Guardian					
22. Do you Have Any Dependents Other Than Those Listed Above?					
<input type="checkbox"/> Yes (<i>List Below</i>) <input type="checkbox"/> No					
Name		Address		Relationship	

Personal History Statement

Part II

Personal Data (con't)

23. If any of the Children Listed in Item 21 are Not Supported by You, List the Name and Address of the Person Responsible for Their Support.			
1.			
2.			
3.			
4.			
5.			
24. Are you receiving and/or responsible for paying any court-ordered child support?			
<input type="checkbox"/> Yes (<i>Complete all items below</i>) <input type="checkbox"/> No			
<i>To Whom Paid or From Whom Received</i>	<i>Amount Paid</i>	<i>Amount Received</i>	<i>Frequently Paid Or Received</i>
25. Have you ever been involved as a complainant or defendant in a paternity proceeding?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (<i>if yes, enter full details on continuation sheet(s) - Part XIV.</i>)			
Father	a. Name (<i>Last, First, Middle</i>)		b. Home Telephone No.
	c. Address (Include street address, city, state and zip code)		
	d. Place of Birth (<i>City/State</i>) e. Date of Birth f. Date of Death (if deceased)		
Mother	a. Name (<i>Last, First, Middle</i>)		b. Home Telephone No.
	c. Address (Include street address, city, state and zip code)		
	d. Place of Birth (<i>City/State</i>) e. Date of Birth F. Date of Death (if deceased)		
27. If you were reared by anyone other than your parents, complete Items a-e. Do not include institutions or foster homes.			
a. Name (<i>Last, First, Middle</i>)		b. Address (<i>street, city, state & zip code</i>)	
c. Home Telephone Number	d. Relationship	e. Dates you were in this person's charge	
		From	To

Personal History Statement

Part III

Selective Service Information

1. Have you ever applied for any branch of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. What is the status of your application?	
3. Have you ever been denied entrance to any of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Present Selective Service Classification	5. Date of Classification	6. Selective Service No.
7. Local Board Number	8. Address of Local Board (street number, city, state & zip code)	
9. List any other Selective Classification(s) you have had.		

Part IV

Military Service

1. Branch of Service								
Organization	Primary MOS/ AFSC	<input checked="" type="checkbox"/>		Dates of Active Duty		Service Number During This Period		
		Officer	Enlisted	Date Entered	Date Released			
		<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>					
2. Highest Rank Attained		3. Type of Discharge (i.e., Character of Service)						
4. Rank At Time Discharge		5. Were you recommended for re-enlistment after each period of Military duty? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Explain in Part XIV)</i>						
6. Did you Receive an Honorable Discharge from the Armed Force? <input type="checkbox"/> Yes <input type="checkbox"/> No								
7. Were you ever subjected to any disciplinary actions (Judicial or Non-Judicial) while in the Armed Forces? <input type="checkbox"/> Yes <i>(Explain in Part XIV)</i> <input type="checkbox"/> No								
8. Were you ever the subject of any criminal investigation which was being conducted by military authorities concerning any alleged misconduct on your part? <input type="checkbox"/> Yes <i>(Explain in Part XIV)</i> <input type="checkbox"/> No								
9. Reserve Service? Branch of Reserve Service <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Membership		<input checked="" type="checkbox"/>		Service Number During This Period		
		Begin	Ended	Officer	Enlisted			
				<input type="checkbox"/>	<input type="checkbox"/>			
10. National Guard Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	Date of Membership		<input checked="" type="checkbox"/>		Service Number During This Period	
		Army	Air	Begin	Ended	Officer		Enlisted
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>
State →								
Name of National Guard Organization and Address								

Personal History Statement

Part V

Financial

1. Do you presently hold active or silent controlling interest in any company? <input type="checkbox"/> YES (Explain) _____ Your Interest _____ <input type="checkbox"/> NO _____				
2. Do you now have (or have you ever had) any wage garnishments on your salary? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No				
3. Do you now have (or have you ever had) any wage assignments on your salary? <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No				
4. Have you ever been found delinquent on income or other tax payments? Include Only Those Situations Where Your Delinquency Was Discovered and Brought To Your Attention <u>BEFORE</u> You Actually Made Payment. <input type="checkbox"/> YES (EXPLAIN) _____ <input type="checkbox"/> NO _____ _____				
5. Have you ever had a court-ordered financial judgment against you? <input type="checkbox"/> YES (EXPLAIN) _____ <input type="checkbox"/> NO _____				
6. Do you presently have a financial judgment pending in court? <input type="checkbox"/> YES (EXPLAIN) _____ <input type="checkbox"/> NO _____				
7. Have you ever had any real or personal property repossessed? <input type="checkbox"/> YES (EXPLAIN) _____ <input type="checkbox"/> NO _____				
8. Have you ever filed for or declared bankruptcy or utilized a wage earner's plan? <input type="checkbox"/> YES (EXPLAIN) _____ <input type="checkbox"/> NO _____				
9. What is your Monthly Net Pay?			10. Your Spouse's Monthly Net Pay?	
11. Do you or your spouse have any other sources(s) of income? <input type="checkbox"/> YES (List Below the source(s) of such income and the monthly amount(s). Convert to monthly amounts Any income received on other than a monthly basis.) <input type="checkbox"/> NO				
Source of Income		Check One		Monthly Income
		Self	Spouse	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Personal History Statement

Part V

Financial Data (con't)

12. Current Assets

List Below All Pertinent Information
Concerning Your Present Assets

Type of Asset	Total Amount
Savings Account	\$
Checking Account	\$
Real Estate Owned	\$
Stocks and Bonds	\$
Life Insurance (Cash Value of Whole Life Policy)	\$
Auto Cash Value	\$
Other Cash Value	\$
TOTAL ASSETS	\$

13. Current Liabilities

List Below All Pertinent Information Concerning Your Current Liabilities.

Accounts (i.e., Mortgage Loans, Personal Loans, Credit Cards, Auto Loans, etc.)

Creditor's Name	Account Number	Creditor's Address	Date Account Opened	Original Amount	Present Balance	Monthly Payment	Purpose
Other Obligations							
TOTAL LIABILITIES							

14. How do you rate your present financial status?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Other(Explain)

Personal History Statement

Part VI

References

1. Give the data requested below on three (3) references who:			
a) Are not related to you by blood or marriage.			
b) Are not former employers and not mentioned elsewhere in this form,			
c) Are responsible adults of reputable standing in their community, and			
d) Have known you well for at least five (5) years.			
These references may include, but are not limited to: teachers, counselors, householders, property owners, members of the clergy and business people.			
		A.	
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.
Occupation		Place of Employment	
Address of Employment - Street, City, State & Zip Code			Business Phone No.
		B.	
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.
Occupation		Place of Employment	
Address of Employment - Street, City, State & Zip Code			Business Phone No.
		C.	
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.
Occupation		Place of Employment	
Address of Employment - Street, City, State & Zip Code			Business Phone No.

Personal History Statement

Part VII

Associates/Friends

1. Give the date requested below on three (3) persons with whom you have associated (i.e., persons whom you have seen frequently) during the past three (3) years. Do not include relatives, former employers, or any persons mentioned elsewhere in this form.

		A.		
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.	
Occupation		Place of Employment		
Address of Employment - Street, City, State & Zip Code			Business Phone No.	
		B.		
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.	
Occupation		Place of Employment		
Address of Employment - Street, City, State & Zip Code			Business Phone No.	
		C.		
Check One <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Name (Last, First, Initial)		Years Known
Residence Address - Street, City, State & Zip Code			Home Telephone No.	
Occupation		Place of Employment		
Address of Employment - Street, City, State & Zip Code			Business Phone No.	

Personal History Statement

Part VIII

Residence Data

1. Provide the information requested below on all your residences during the last ten (10) years, beginning with your present residence. Give also, in each case, the name and present correct street address of one neighbor, (not necessarily a personal acquaintance), and the name and address of the Realty Company or Property Owner to whom you pay/paid rent if applicable, or the name and address of the Mortgage holder. Include your mailing and/or street addresses during all periods of Military Service.					
START WITH YOUR PRESENT RESIDENCE					
			A.		
Dates of Residence				Location of Residence	
FROM			TO		Street Address (Apt. No., City, State, Zip Code)
Month	Day	Year	Present		
Neighbor's Name (Mr. Mrs. Ms. Miss)				Neighbor's Current Address	
Name (Last, First, Initial)				Street Address (Apt. No., City, State, Zip)	
Neighbor's Telephone No.				Realty Company or Property Owner's Name	
Area Code					
Realty/Owner's Telephone No.				Realty Company or Property Owner's Address	
Area Code				Street Address (Apt. No., City, State, Zip Code)	
FOR PRESENT RESIDENCE ONLY:					
			B.		
Do you: <input type="checkbox"/> Rent or <input type="checkbox"/> Own this property?					
Do you reside with: <input type="checkbox"/> Self <input type="checkbox"/> Spouse & Children, if any, or <input type="checkbox"/> Other (If other, list with whom you reside) _____					
NEXT, LIST YOUR RESIDENCE PRIOR TO THE ONE ABOVE AND SO ON					
			C.		
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.		To Mo./Yr.		Neighbor's Name	
				Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					

Personal History Statement

Part VIII

Residence Data (con't)

		D.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					
		E.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					
		F.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					

Personal History Statement

Part VIII

Residence Data (con't)

		G.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					
		H.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					
		I.			
LOCATION OF RESIDENCE					
Street Address (Apt., No., City, State, Zip Code)					
From Mo./Yr.	To Mo./Yr.	Neighbor's Name		Neighbor's Current Telephone No.	
				Area Code ()	
Neighbor's Current Address - Street, Apt. No., City, State, Zip Code					
Realty Company or Property Owner's Name				Realty/Owner's Telephone No.	
				Area Code ()	
Realty Company or Property Owner's Address - Street, Apt. No., City, State, Zip Code					

Personal History Statement

Part IX

Education

1. Provide the information requested below on all schools you have attended since the ninth (9 th) grade, beginning with the most recent. Be sure to include college, universities, business or trade schools, and if relevant to the position for which you are applying, military schools.			
A.			
1) Name of School		2) Address (Street Address, City, State and Zip Code)	
3) Dates Attended		4) Highest Grade Completed	5) Did you Graduate
From	To		
Month/Year	Month/Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
B.			
1) Name of School		2) Address (Street Address, City, State and Zip Code)	
3) Dates Attended		4) Highest Grade Completed	5) Did you Graduate
From	To		
Month/Year	Month/Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
C.			
1) Name of School		2) Address (Street Address, City, State and Zip Code)	
3) Dates Attended		4) Highest Grade Completed	5) Did you Graduate
From	To		
Month/Year	Month/Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
D.			
1) Name of School		2) Address (Street Address, City, State and Zip Code)	
3) Dates Attended		4) Highest Grade Completed	5) Did you Graduate
From	To		
Month/Year	Month/Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
E.			
1) Name of School		2) Address (Street Address, City, State and Zip Code)	
3) Dates Attended		4) Highest Grade Completed	5) Did you Graduate
From	To		
Month/Year	Month/Year		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you graduate from high school and receive a diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Did you pass a G.E.D. (General Education Development Test)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did you obtain your G.E.D. Certificate from the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Personal History Statement

Part IX

Education (con't)

1. If you have a G.E.D. certificate, has it been presented to a Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
2. If you answered "Yes" to question 1, did that board present you with a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Name of Board of Education	Board's Complete Mailing Address	Date Diploma Issued
3. If you have taken a G.E.D., but you answered "No" to questions No. 1 and 2, explain:		
4. If you attended college, list your area(s) of concentration.		
5. What, if any, degrees have been conferred upon you, beyond the high school level?		
6. If you attend college, but did not graduate, please provide a brief explanation. Also, give the number of semester (or quarter) hours satisfactorily completed.		
7. Have you ever been dismissed or expelled from any school or college for any academic or disciplinary reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give full details below:		

Personal History Statement

Part X

Employment Data

1. List Below your COMPLETE work history, starting with your current position. Be sure to list all periods of active military duty (including active duty for training for more than fifteen days) and all periods of employment (identifying it as such). Also include all part-time, temporary, and/or voluntary employment and identify it as such.			
Note → Your answers Will Be Subject to Verification.			
		A.	
Start With Your Present Employment, If Employed.			
Name and Address of Employing Organization	Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?
	From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Your Salary (Annual) \$	Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly Describe Your Duties and Responsibilities:			
Your Reason for Leaving? →			
Would any problem result if your employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		When May we make Contact?	
		B.	
Start With Your Present Employment, If Employed.			
Name and Address of Employing Organization	Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?
	From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Your Salary (Annual) \$	Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly Describe Your Duties and Responsibilities:			
Your Reason for Leaving? →			

Personal History Statement

Part X Employment Data (con't)

C.			
Start With Your Present Employment, If Employed.			
Name and Address of Employing Organization	Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?
	From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Your Salary (Annual) \$	Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly Describe Your Duties and Responsibilities:			
Your Reason for Leaving? →			
D.			
Start With Your Present Employment, If Employed.			
Name and Address of Employing Organization	Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?
	From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Your Salary (Annual) \$	Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly Describe Your Duties and Responsibilities:			
Your Reason for Leaving? →			
E.			
Start With Your Present Employment, If Employed.			
Name and Address of Employing Organization	Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?
	From To		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Your Salary (Annual) \$	Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty	Work Phone Number	Name of Supervisor	Supervisor's Phone No.
Briefly Describe Your Duties and Responsibilities:			
Your Reason for Leaving? →			
Would any problem result if your employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		When May we make Contact?	

Personal History Statement

Part X Employment Data (con't)

		F.			
Start With Your Present Employment, If Employed.					
Name and Address of Employing Organization		Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?	
		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Your Salary (Annual) \$		Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty		Work Phone Number		Supervisor's Phone No.	
Name of Supervisor					
Briefly Describe Your Duties and Responsibilities:					
Your Reason for Leaving? →					
		G.			
Start With Your Present Employment, If Employed.					
Name and Address of Employing Organization		Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?	
		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Your Salary (Annual) \$		Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty		Work Phone Number		Supervisor's Phone No.	
Name of Supervisor					
Briefly Describe Your Duties and Responsibilities:					
Your Reason for Leaving? →					
		H.			
Start With Your Present Employment, If Employed.					
Name and Address of Employing Organization		Dates Employed (Month/Day/Year)		Is This a U.S. or State Govt. Agency?	
		From To		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Your Salary (Annual) \$		Check Applicable Block <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary <input type="checkbox"/> Intermittent <input type="checkbox"/> Unemployed	
Exact Title of Your Duty		Work Phone Number		Supervisor's Phone No.	
Name of Supervisor					
Briefly Describe Your Duties and Responsibilities:					
Your Reason for Leaving? →					

Personal History Statement

Part X

Employment Data (con't)

2. If you are currently Employed or Unemployed, are you now receiving, have you ever receive, have you ever applied for, or do you intend to apply for:

	Yes	No	While Employed	While Unemployed
A. Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Welfare Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Strike Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Other Sources of Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked any of the above, give details, including amounts of received or to be received, and the name(s) of the organization(s) providing the benefits or income.

Have you ever been, or are you currently under investigation for wrongfully receiving income from any of the above? (If yes, explain in Part XIV.)

☐ Yes ☐ No

3. Have you:	Yes	No
A. Ever been discharged from employment (fired) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
B. Ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
C. Ever resigned (quit) after being informed that your employer intended to take any form of disciplinary action against you?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the above three questions, give full details in the space below. Include the name and address of the employer, approximate date(s), and the circumstances in each case.

Personal History Statement

Part XI

Driving Record

1. Indicate below all traffic violations or citations (excluding parking tickets) that you have received. Include in your response, but do not limit it to, such violations as: Speeding, Reckless Driving, Changing Lanes without Caution, Defective Equipment, Stop Sign Violations, and Red Light Violations. For each incident, give the following data:

Date	Violation/Charge	Location-City & State	Police Agency	Final Disposition	Amount of Fine	Points

2. Provide the information requested below on all drivers' licenses which are now or have been issued to you from any state (even though these licenses may not be expired or have been replaced by another issuing agency or state).

Issuing State	License Number	Expiration Date	Type of License

3. Is your driver's license now or has it ever been:

- A. Denied or Refused? ☐ Yes ☐ No
B. Suspended? ☐ Yes ☐ No
C. Revoked? ☐ Yes ☐ No
D. Subjected to any other similar penalty or action? ☐ Yes ☐ No
If you answered "Yes" to any of the above, explain in detail below:

4. Are your vehicle license plates now or have they ever been:

- A. Denied or Refused? ☐ Yes ☐ No
B. Suspended? ☐ Yes ☐ No
C. Revoked? ☐ Yes ☐ No
D. Subjected to any other similar penalty or action? ☐ Yes ☐ No
If you answered "Yes" to any of the above, explain in detail below:

Personal History Statement

Part XI

Driving Record (con't)

[illegible]

Personal History Statement

Part XII

Arrest/Conviction Data

[illegible]

Personal History Statement

Part XIII

Miscellaneous

1. Do you belong to any organization and/or adhere to any belief which would in any way:	Yes	No
A. Limit or prohibit your use of weapons or firearms?	<input type="checkbox"/>	<input type="checkbox"/>
B. Restrict or prohibit you from working on particular days off?	<input type="checkbox"/>	<input type="checkbox"/>
C. Restrict you from conforming to departmental standards of appearance and/or grooming which may from time to time be set?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the above, explain in the Remarks Section (Part XIV).		
2. Do you now, or have you in the past, used, tried or experimented with:		
A. Marijuana (in any of its forms)?	<input type="checkbox"/>	<input type="checkbox"/>
B. Narcotics of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
C. Dangerous drugs of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
D. Any other illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the above, explain in the Remarks Section (Part XIV).		
3. Are you now, or have you ever been, a member of or advocated the basic tenet and beliefs of:		
A. The Communist Party, U.S.A, or any subdivision of the Communist Party, U.S.A.?	<input type="checkbox"/>	<input type="checkbox"/>
B. The organization that to your present knowledge, seeks the overthrow of the constitutional form of government of the United States by force or violence, or other unlawful means?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of the above, explain in the Remarks Section (Part XIV).		
4. Have you ever been issued a permit or license to carry a handgun or other weapon on your person? If Yes, give full details below.	<input type="checkbox"/>	<input type="checkbox"/>
5. If you have never been issued a permit or license to carry a handgun, have you ever discharged your weapon (other than at an approved range), or been the subject of an investigation regarding the discharge of your weapon? If yes, give full details below.	<input type="checkbox"/>	<input type="checkbox"/>

Personal History Statement

Part XIII

Miscellaneous (con't)

[illegible]

Personal History Statement

Part XIV

Remarks Section - Continuation Sheets

[illegible]

Personal History Statement

SIGNATURE PAGE

If information should surface during the stages of this investigation which would disqualify you from further consideration, the investigation will be terminated immediately and you will be notified accordingly,

You are advised that each statement given on this application will be investigated and any inaccurate, untruthful or misleading answer will be cause for rejection.

I hereby certify that all the foregoing answers are accurate and true to the best of my knowledge.

Date Signature _____

City/County of _____ Commonwealth of Virginia.

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires _____.

Personal History Statement

TOWN OF LEESBURG
POLICE DEPARTMENT
65 PLAZA STREET NE
LEESBURG, VIRGINIA 20176
(703) 771-4500

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____, am an applicant for the position of _____ with the Leesburg Police Department and that I do hereby authorize the release of any and all information to the Leesburg Police that they may request from whom ever they may deem it necessary to make such a request, from any of my records or files. Such information will include, but will not be limited to: hospital records, medical records, military records, police records, arrest records, court records, police reports including juvenile records, credit records, background investigative material and reports, employment records, attendance records, traffic records, confidential records, educational records and transcripts, etc. I also release all persons from any liability which could result from furnishing said information to the Leesburg Police.

Further, I authorize the Leesburg Police to Xerox, copy or otherwise reproduce this original document, and to let such Xeroxed, copies or otherwise reproduced copy act as the original document. The original document is to be retained on file with the Leesburg Police.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

Date Signature _____

Address _____

City/County of _____ Commonwealth of Virginia.

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires _____.

Personal History Statement

TOWN OF LEESBURG
POLICE DEPARTMENT
65 PLAZA STREET NE
LEESBURG, VIRGINIA 20176
(703)771-4500

You should be advised that stress factors exist with taking a polygraph examination.

If you have a history of any heart conditions, seizure disorders or currently have high blood pressure, or lung problems, you may wish to consult with your family physician before submitting to the polygraph.

If it becomes necessary for you to consult with your physician, you may be rescheduled without any adverse effect on your application for the next available polygraph date.

By signing this form I am only acknowledging I have received and understand the above information.

Date _____ Signature _____

City/County of _____ Commonwealth of Virginia.

Sworn to and subscribed before me this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public

My Commission Expires _____.